

# NREMT CEU WORKSHEET

AS OF: 10/16/2009

NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_

CLASS	COURSE NAME	DATE	HOURS
AIRWAY			
ASSESSMENT			
MEDICAL / BEHAVIORAL			

CE's	HOURS	REQ.	FLEX
Airway	0	16	12
Assessment	0	0	12
Medical/Behavioral	0	8	12
Trauma	0	6	12
Preparatory	0	2	12
OB/Infant/Child	0	16	12
Other/Elect./ACLS	0	0	12
<b>Total:</b>	<b>0</b>	<b>48</b>	<b>24</b>

ACLS Required 16 Date Attended ACLS: \_\_\_\_\_

TRAINING OFFICER: \_\_\_\_\_

# NREMT CEU WORKSHEET

AS OF: 10/16/2009

NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_

CLASS	COURSE NAME	DATE	HOURS
TRAUMA			
PREPATORY			
OB/INFANT/CHILD			

TRAINING OFFICER: \_\_\_\_\_

**NREMT CEU WORKSHEET**

AS OF: 10/16/2009

NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_

CLASS	COURSE NAME	DATE	HOURS
OTHER/ELECTIVE ACLS REQ.			

TRAINING OFFICER: \_\_\_\_\_